

550-2009-01333

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**INTAKE QUESTIONNAIRE**

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. **Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known."** If a question is not applicable, write "n/a." Please Print.

**1. Personal Information**

Last Name: NGUYEN First Name: DANG MI: 2  
 Street or Mailing Address: 592 CHICKASAW COURT Apt Or Unit #: \_\_\_\_\_  
 City: SAN JOSE County: SANTA CLARA State: CA ZIP: 95123  
 Phone Numbers: Home: (408) 224-8567 Work: ( ) \_\_\_\_\_  
 Cell: (408) 806-9288 Email Address: \_\_\_\_\_  
 Date of Birth: 07-06-1962 Sex: Male ☒ Female: \_\_\_\_\_ Do You Have a Disability? Yes ☐ No ☒

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes ☐ No ☒  
 ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☒ Asian  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White  
 iii. What is your National Origin? VIETNAM

**Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:**

Name: CINDY TRAN Relationship: WIFE  
 Address: 592 CHICKASAW CT. City: SAN JOSE State: CA Zip Code: 95123  
 Home Phone: (408) 224-8567 Other Phone: ( ) \_\_\_\_\_

**I believe that I was discriminated against by the following organization(s): (Check those that apply)**

Employer ☒ Union \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other (Please Specify) HARASSMENT  
TERMINATION

**2. Organization Contact Information**

Organization #1 Name: STATS CHIPPAC INC.  
 Address: 47400 KATO ROAD County: \_\_\_\_\_  
 City: FREMONT State: CA Zip: 94538 Phone: (510) 979-8390  
 Type of Business: TEST SERVICES Job Location if different from Org. Address: \_\_\_\_\_  
 Human Resources Director or Owner Name: GAIL LY Phone: 510-979-8390  
 Number of Employees in the Organization at All Locations: Please Check (✓) One  
 Less Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More 500 ☐

**Organization #2 Name:**

Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 RECEIVED  
 APR 06 2009  
 EEOC-SFDO

Type of Business: \_\_\_\_\_ Job Location if different from Org. Address: \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Employees in the Organization at All Locations: Please Check (✓) One

Less Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More 500 ☐

## 3. Your Employment Data (Complete as many items as you can)

Date Hired: 04-28-2003 Job Title At Hire: MAINT. TECHNICIANPay Rate When Hired: \$15.00 Last or Current Pay Rate: \$20.00Job Title at Time of Alleged Discrimination: TECHNICIAN AUGUST-7-2008Name and Title of Immediate Supervisor: LE NGUYEN, TEST ENGINEERING MGR.If Applicant, Date You Applied for Job SEP-2002 Job Title Applied For TECHNICIAN

## 4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (✓) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (✓) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓) RETALIATION.

Race ☒ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Color ☐ Religion ☐ Retaliation ☒ Pregnancy ☐Other reason (basis) for discrimination (Explain): cover up Harassment then laid off  
keep harasser stay.

## 5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/06 - Written Warning from Supervisor, Mr. John Soto)

A) Date: August-07-2008 Action: workplace Harassment, OFFENSIVE CONDUCT  
Stare, Hostile, Ridicule, IMPEDINGName and Title of Person(s) Responsible: ERIC NGUYENB) Date: August-15-2008 Action: Harassment, Co-worker report  
TO MANAGER BUT NO ACTION TO HARASSERName and Title of Person(s) Responsible: LE NGUYEN, MARK KELLEY MGR.

Describe any other actions you believe were discriminatory.

- 1) THE MANAGER WAS TREATED UNFAIR EMPLOYMENT  
 A - COVER UP HARASSER AND KEEP HARASSER STAY AT WORK.  
 B - WRONGFUL TERMINATION ME CAUSE BY MANAGER.  
 MISLEADING TO HR COVER UP HARASSMENT.  
 LAID ME OFF TO PREVENT REPORT TO  
 HR. HIDE HARASSMENT CASE. DID NOT COMPLY  
 policy.

(Attach additional pages if needed to complete your response.)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

I am SENIOR THAN OTHER FOLK TECHNICIAN NO problem complaint  
By people at work. but select me last off keep  
Harassment stay at work. By LE NGUYEN : MANAGER.

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. DAN NGUYEN	TECHNICIAN	I WAS TREATED WORSE.
2. ERIC NGUYEN	TECHNICIAN	WAS TREATED BETTER
3. THIS PERSON TREATED BETTER WAS HARASSER.		

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check all that apply:

- ☐ Yes, I have an actual disability  
☐ I have had an actual disability in the past  
☐ No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

10. Did you ask your employer for any assistance or change in working condition because of your disability?

Yes ☐ No ☐

Did you need this assistance or change in working condition in order to do your job?

Yes ☐ No ☐

If "YES", when? \_\_\_\_\_ To whom did you make the request? Provide full name of person \_\_\_\_\_  
 How did you ask (verbally or in writing)? \_\_\_\_\_

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. BINH DANG	operator	408-263-8542 Home 408-373-3830 cell

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
B. THU LAM	operator	408-259-0731

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
C. CHUONG NGUYEN	production LEADER	408-888-8577

12. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

DFEH 3-23-2009. no help

14. Have you sought help about this situation from a union, an attorney, or any other source?

Yes ☐ No ☒ - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

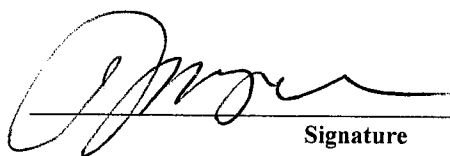
Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so within either 180 or 300 days from the day you knew about the discrimination. The amount of time you have depends on whether the employer is located in a place where a state or local government agency has laws similar to the EEOC's laws. **If you do not file a charge of discrimination within the time limits, you will lose your rights. If you want to file a charge, you should check Box 1, below. If you would like more information before deciding whether to file a charge or you are worried or have concerns about EEOC's notifying the employer, union, or employment agency about your filing a charge, you may wish to check Box 2, below.**

Box 1

☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, or retaliation for opposing discrimination.

Box 2

☐ I want to talk to an EEOC employee before deciding whether to file a charge of discrimination. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

  
Signature04-02-2009  
Today's Date

**PRIVACY ACT STATEMENT:** This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Intake Questionnaire (9/20/08).
2. **AUTHORITY.** 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
3. **PRINCIPAL PURPOSE.** The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. **ROUTINE USES.** EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters
5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION.** The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.